

Kyrene School District
VOLUNTEER INFORMATION FORM

On behalf of the Governing Board and Administration of the Kyrene School District, we appreciate your interest in our District. We understand that individuals, like you, who contribute their time and talents as volunteers, significantly enhance the high quality of service we provide to students. Because of the tremendous responsibility we have to the children of our community, the following information is needed from individuals who are volunteering in Kyrene schools. **This information will be kept confidential by the school administration and will be retained in the office of the Principal for one school year.**

New volunteer	Continuing volunteer
Name _____ School _____	
Print last name	Print first name
Street address _____	
City, State, Zip _____	
Contact/Phone # _____	Teacher's name _____

Please check and answer all that apply to you:

Parent or Legal Guardian	Relationship to Kyrene student(s) _____	
NOT a Parent or Legal Guardian	Relationship Kyrene student(s) _____	
Participating in an authorized school-sponsored overnight field trip. _____		
Event(s) _____	Event date(s) _____	
Classroom volunteer	DHS-licensed program volunteer	other _____

Acknowledgement:

Each school year that I volunteer:
I will present my valid **Fingerprint Clearance Card** issued by the AZ Department of Public Safety and a photo ID, to the school office **prior to being cleared** to volunteer in the District.

- I acknowledge that I have received and read the Guideline for Volunteers information provided by the school:**
- I understand that all student records are confidential and I agree not to divulge student information to any party without a specific need to know, and without authorization from school or district administration.
 - I understand and agree that I will not have contact with students without direct oversight by a certified staff member.

<hr/> Volunteer Signature	<hr/> Date
<hr/> Principal Signature (approval)	<hr/> Date

The Kyrene School District requires volunteers to hold a valid, state-issued Fingerprint Clearance Card (FPCC). The District or its schools may refuse to allow volunteers to serve its students if they are awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the following criminal offenses in Arizona or similar offenses in another jurisdiction:

1. Sexual abuse of a minor.
2. Incest.
3. First or second-degree murder.
4. Kidnapping.
5. Arson.
6. Sexual assault.
7. Sexual exploitation of a minor.
8. Felony offenses involving contributing to the delinquency of a minor.
9. Commercial sexual exploitation of a minor.
10. Felony offenses involving sale, distribution or transportation of, offer to sell, transport, or distribute or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs.
11. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs.
12. Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs.
13. Burglary in the first degree.
14. Burglary in the second or third degree.
15. Aggravated or armed robbery.
16. Robbery.
17. A dangerous crime against children as defined in section 13-705.
18. Child abuse.
19. Sexual conduct with a minor.
20. Molestation of a child.
21. Manslaughter.
22. Aggravated assault.
23. Assault.
24. Exploitation of minors involving drug offenses.

Administrator Signature (clearance approval)

Date

DPS Fingerprint Clearance Card # _____

Expiration _____